

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** WINDSOR HOUSE GLENDALE EAST (310720)  
**Address:** 7335 N PORT WASHINGTON RD, GLENDALE, WI 53217  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2000  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0094342      **End Date:** 03/07/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008768    Served 03/28/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES		
83.19(3)(c)	INVESTIGATE ALLEGATION		
83.32(2)(d)	REVIEW OF PROGRESS		
83.33(2)(a)	SUPERVISION		
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA		

**Survey ID:** 0093967      **End Date:** 01/05/2005      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008760    Served 01/24/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	03/07/2005	Yes

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Survey ID:** 0092081      **End Date:** 01/23/2004      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008959    Served 03/11/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	03/07/2005	Yes
83.33(2)(a)	SUPERVISION	03/07/2005	No
83.43(3)(b)1	TESTING BY SERVICE COMPANY	03/07/2005	Yes

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 03/24/2005      SOD #10008768      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.11(3)(a)  
FORFEITURE---83.19(3)(c)  
FORFEITURE---83.32(2)(d)  
FORFEITURE---83.33(2)(a)  
FORFEITURE---83.33(4)(h)

**Date: 01/21/2005      SOD #10008760      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 03/09/2004      SOD #10008959      Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION  
PROVIDE TRAINING

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 12/06/2004**

**Date Investigation Completed: 03/07/2005**

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

NOT RECORDED

**Date Complaint Received: 10/14/2004**

**Date Investigation Completed: 01/05/2005**

Subject Area(s)

ABUSE  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

10008760

**Date Complaint Received: 09/29/2003**

**Date Investigation Completed: 01/23/2004**

Subject Area(s)

RESIDENT RIGHTS  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
PHYSICAL PLANTS & SAFETY HAZARDS  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

10008959

**Date Complaint Received: 09/24/2003**

**Date Investigation Completed: 01/23/2004**

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

10008959

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